

2010 – 2011 FOOD SAFETY INSPECTIONS

FACILITY NAME: _____

FACILITY ADDRESS: _____

FACILITY PHONE NUMBER: _____

FACILITY AGREEMENT #: _____

FACILITY CONTACT PERSON: _____

CHECK THE NUMBER OF HEALTH INSPECTIONS YOUR FACILITY RECEIVED BY 6/30/2010

ZERO HEALTH INSPECTIONS ____ EXPLANATION REQUIRED TO DHS/CALL FOR INSPECTIONS

ONE HEALTH INSPECTION ____ 2 REQUIRED PER YEAR-CALL FOR ADDITIONAL INSPECTION

TWO HEALTH INSPECTIONS ____ YOU HAVE MET THE USDA REQUIREMENT

MORE THAN TWO HEALTH INSPECTIONS ____ GREAT JOB HOW MANY ____

Submit a copy of each health inspection with this form to SNP by Tuesday, August 31, 2010.

Submit a copy of the health inspections for each kitchen that prepares food.

Submit copies of the health inspections for your food service management company if your facility uses one.

Keep a copy of this form for your files.

Person Preparing Report _____